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ABSTRACT

The theoretical basis for a Figurative Therapy Reading Clinic in the elementary schools and the tentative structure for implementing that clinic as a pilot project are described in this paper. The contents include: "Figurative Therapy Defined," which refers to the psychoanalytic approach to art therapy; "The Objectives of the Figurative Therapy Reading Clinic," which discusses isolating and treating emotional impediments that may underlie a student's nonreading; "The Advantages of a Figurative Therapy Reading Clinic," which discusses the principal object of therapy and figurative expression of young children; "Implementation of a Pilot Figurative Therapy Reading Clinic in the Elementary School," which discusses staff composition and background, selection of children for the pilot, proper learning environment, free expression and pure color techniques, and a series of figurative therapy tasks presented in standard, teacher lesson plan form; "A Case Study," which describes the use of figurative therapy with a fourth grader classified as a student with reading problems; "Attaining Fluency in Reading," which looks at specific types of reading skills and techniques of instruction; and "Costs," which outlines the anticipated costs of implementing such a program. (WR)

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The Psychotherapy and Reading Clinic *

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Educators will readily agree that the key to a child's education is the development of good reading skills. For the learning of nearly all disciplines emanates from the child's ability to comprehend his reading matter thoroughly. Even mathematics requires the ability to comprehend text book instructions. 1/

Over the years governmental and other institutions have expended sizable sums to reduce the incidence of non-reading among children in the public schools. 2/ For the most part funds have been channelled into programs predicated on the assumption that reading problems stem from insufficient doses of reading and that the administration of a concentrated dose will cure the problem. However, this infusion of funds has not resulted in a significant and sustained reduction in the incidence of non-reading among children. If anything, the figures point to substantial increases in non-reading. For example, studies as recent as October 1972 indicate that there are at least 7 million

elementary and secondary school students in the United States with severe reading problems. In some large cities upwards of 40 to 50 percent of the elementary and secondary school population is considered to be underachieving in reading. 3/ Moreover, the 1972 Fleishman Commission states that:

> One of the most striking phenomena in the Pupil Evaluation Program score data is that over a period of time, more and more children throughout [New York] . . . state are falling below the minimum competency level in reading. 4/

The report further warns that "reading failures are dangerously high in the large cities of the state." 5/

Although the reasons for this non-reading are not entirely clear, many studies show that there is a significant correlation between emotional handicaps and reading problems. 6/ In fact, any youngster whose reading problems stem from "unresolved unconscious conflicts" may not respond to even the most competent corrective and remedial reading techniques. 7/ Thus, any program designed to eliminate reading problems must

deal with or take into account the emotional maladjustments and impediments to reading as a pre-condition for success.

A recent study involving the treatment of the acute reading disabilities of juvenile delinquents reached this same conclusion. Specifically, that study found that the most successful approach to reading disabilities was one that combined both psychotherapy and remedial reading techniques as opposed to providing only one or the other. 8/

While some will certainly argue that it is the responsibility of the home and not the school to be concerned with the emotional problems confronting youngsters 9/, it is also true that the problems that impede reading cannot be divorced from the reading process itself. The two are irrevocably fused. Moreover, to suggest that the resolution of these emotional problems is solely the responsibility of the home and not at least partly that of the school (society) is to ignore the fact that several recent studies have concluded that a clear " . . . relationship exists between reading disabilities and a propensity to commit crimes

. . . ." 10/ Therefore, since the most traditional type of programs emphasizing only reading do not adequately take account of the youngsters emotional impediments to learning, it is imperative for educators to develop more broadly based programs that combat such impediments as well.

The Figurative Therapy Reading Clinic, as described in subsequent pages of this paper, is such a program. It would be located in the elementary schools in order to combat the problem of non-reading at an early age, before it has caused severe and possibly irreparable damage to the youngster. In this regard a four year study involving ten thousand children showed that:

> . . . when pupils with reading problems were identified by the second grade, they had a 10 times greater chance of successful remediation than did those who were not identified until the ninth grade. 11/

Initially, the clinic would be directed at those youngsters in an elementary school with the most severe reading problems. These youngsters can often be identified

by exhibitions of classroom conduct that are either highly withdrawn or highly disruptive unruly, or volatile, for

> . . . in many cases of severe reading disability, the common cause is difficulty in handling aggression, with excessive guilt and anxiety, overly hostile, destructive, or sadistic impulses and fantasies. (Emphasis added.) 12/

If successful, the clinic would be expanded to treat a greater number of youngsters with lesser degrees of reading and related behavioral problems.

Ideally, Figurative Therapy Reading Clinics should be concentrated in the depressed neighborhoods of Title I School Districts.13/ They should be located there because a larger incidence of non-reading is found among youngsters of poverty neighborhoods than in non-Title I or more affluent neighborhoods. 14/

The following pages briefly describe the theoretical basis for a Figurative Therapy Reading Clinic in the elementary schools and then, go on to set forth in detail the tentative structure for implementing that clinic as a pilot project in the elementary schools.

1. Figurative Therapy Defined.

The term "Art Therapy" is commonly used to denote a number of therapies with differing theoretical foundations and objectives. 15/ "Figurative Therapy" is one of the therapies to which Art Therapy refers. In Figurative Therapy the patient is encouraged to express himself in paint, clay, etc. These productions are then studied from a psychological background for clues to the patient's emotional maladjustment. 16/ Art Therapy also refers to a therapy that utilizes studio art primarily to promote the patient's physical rather than mental rehabilitation through a work effort. 17/ Thus, because many therapeutic approaches that utilize art, regardless of their theoretical approach, direction, or duration, are presently referred to as "Art Therapy", confusion may result. Consequently, the author has introduced the term Figurative Therapy to refer to the psychoanalytic approach to Art Therapy.

It should be noted that the term "Figurative" is an abstract term encompassing any of the shapes or forms produced through any of the visual media. It can

refer equally to forms of automatic drawing that are nonrepresentational, to sophisticated or immature realistic works, and to the character scribbles of pre-school children. It is an objective term implying no special level of technical competence or aesthetic standard. As such, it directly corresponds to the philosopy of Figurative Therapy which is concerned with the patient's visual work only as it refers to his emotional frame of mind.

2. The Objectives of the Figurative Therapy Reading Clinic.

Until its success is established the Pilot Figurative Therapy Reading Clinic (hereinafter referred to as Pilot) should deal only with the most severe cases of non-reading. In so doing, the Pilot has a two-pronged objective. First, it will seek to isolate and treat the emotional impediments that underlie the youngster's non-reading. These impediments may result from fundamental deficiencies in the youngster's upbringing such as attention, love, security, etc; or from traumatic experiences such as failure, parental divorce and separation, physical brutality, rejection, sexual molestation; and other experiences causing prolonged stress.

Briefly, in order to fulfill the first objective, the Figurative Therapy part of the Pilot will direct the youngsters to render figurative productions (by using such mediums as clay, cray-pas, pencil, film, paint, etc.) The colors, figures, and imagry thereby produced, in conjunction with information on the youngster's personal history and the youngster's participation in other psychodynamic activities (discussed in the latter portion of this paper) will constitute the source of analysis. To this information, the Pilot figurative therapist will apply Freudian psychoanalytic principles for the purpose of detecting and interpreting the youngster's emotional makeup, and particularly his emotional impediments to reading. Once this has been accomplished steps can be taken to eliminate these impediments, thereby rendering the youngster's emotional make-up and his interconnected behavior, more receptive to reading.

Freudian psychoanalytic principles are based on an understanding of the interaction of unconscious forces on personality. 18/ Specifically, these principles stem

from the twin concepts of determinism and of the mind. 19/ The former postulates that all mental happenings have causes while the latter states that (1) an interplay of unconscious forces controls personality and (2) the only way to modify personality substantially is to expose the effect of these forces on behavior. 20/

While the theoretical orientation of psychoanalysis has traditionally been directive in the sense that the patient acts only at the direction of the therapist 21/, the theoretical orientation should be more flexible in case of the Figurative Therapy Reading Clinic. Here, the therapist should determine his approach whether directive, nondirective, or a mixture of the two based upon his analysis of the youngster's needs. Thus, he may occasionally find himself encouraging the child to stand and act on his own, particularly if the therapist thinks that the authoritian background of the youngster is a significant cause of his emotional maladjustment. Furthermore, psychoanalysis has typically stressed the patient's past behavior. 22/ However, the figurative therapist in the Pilot should be free to focus on either

the youngster's present or past behavior, again according to therapist's assessment of the youngster's needs.

While attempting to remove the emotional impediments to reading, the Pilot's second objective is simultaneously to seek to develop in the child, if lacking, the abilities considered necessary for the child to master reading skills and then to guide the child into reading fluency. As used by this author, reading fluency refers to the child's ability to comprehend his reading matter at a level and rate considered by educators to be appropriate for his chronological age.

When devising and selecting techniques designed to satisfy these objectives, the reading therapist will lean heavily on information obtained by the figurative therapist concerning each child's emotional impediments to reading and the possible sources thereof. To obtain this information, to impart useful information, and otherwise to co-ordinate his activities with those of the figurative therapist, the reading therapist will confer regularly with the figurative therapist. Section

Five of this paper will discuss in detail the remedial reading portion of the Pilot.

In effect, a child selected for the Pilot will receive a concentrated and simultaneous dose of psychotherapy and reading instruction therapy in an effort to remove his emotional impediments to reading and guide him into achieving reading fluency. While this intensified therapy is being administered, there will not be time to instruct the child in such subjects as geography, history, math, social studies, etc. However, even if there were time, such instruction would be wasteful since the child lacks reading fluency and since the learning of such subjects is predicated on the existence of reading fluency. However, after a certain length of time which is presently difficult to estimate without information from a completed pilot clinic, it is contemplated that the application of intensified therapy will succeed in removing the child's emotional impediments to reading and guide him into achieving reading fluency.

With the attainment of reading fluency it is expected that the child will be able to make rapid progress in the subject areas in which he had lost ground during

his period in the Pilot. However, individual tutorial instruction will probably be necessary to bring the Pilot student up to grade level in math since it is more technical than geography, history, etc. For this purpose, individual math tutoring should be incorporated into the child's school day on a basis correspondent with the child's needs. Again, it is contemplated that the child's increased reading effectiveness will cause him to advance rapidly particularly in the areas of problem solving, instruction, comprehension, etc.

In order to obtain these tutorial services without incurring additional costs, an arrangement could be worked out with neighboring universities (or even high schools) to provide student teachers or student tutors for these children. 23/ The Pilot could also utilize para-professionals 24/ as they " . . . can make significant contributions in classroom instruction, student motivation, etc . . ." 25/ In addition,

volunteers could be effectively organized to assume some of these tutorial chores. As at least one study has indicated,

> . . . volunteer teacher-moms can be a reliable source of motivated, oriented, supervised, conscientious personnel to work with the troubled child. 26/

3. The Advantages of a Figurative Therapy Reading Clinic.

The author believes that the implementation of a Figurative Therapy Reading Clinic in the elementary schools based largely on figurative expression is superior to one based solely on verbal expression because (a) figurative expression is one of the most direct means for eliciting vital information concerning an individual's emotional adjustment and (b) in the case of young children, figurative expression may be a more natural means of communicating the youngster's emotional life than verbal expression.

a. Figurative expression is one of the most direct means for eliciting vital information concerning an individual's emotional makeup.

A principal object of therapy is to induce the patient to release all material relevant to the causes of his emotional difficulty. 27/ Only when this release has been effected can the therapist best treat the patient and help him to establish positive behavior patterns.

All the material that the patient is called on to release may be grouped into three general categories (1) that which the patient readily recalls and voluntarily discloses (2) that which the patient recalls but is reluctant to disclose, and (3) that which the patient cannot recall. Material in the first category presents no problem. The cause for the patient's reluctance to disclose material in the second category may stem from the patient's own self-consciousness. This self-consciousness possibly may result, for example, from the patient's fear that the material is indecent, perverse, etc. and that disclosure of such material will result in the therapist rendering a negative value judgement about the patient.

The patient does not recall material in the third category because his mind has blocked its recollection to varying degrees. To understand the reason for this blockage, it is necessary to understand the Freudian structure of the mind. Stated simply, that structure postulates the existence of (1) a conscious mind in which the patient possesses optimum awareness with respect to the external environment and (2) an unconscious mind as experienced during various stages of sleep or illness, shock, etc. wherein the patient has anywhere from a drastically reduced mental awareness to total unawareness of external stimuli. 28/

When an event highly disturbing to the patient's emotional tranquility occurs, it is into the unconscious mind that the patient's ego may embed (repress) the memory of that event. Generally, the more disturbing the event, the more deeply the ego will embed the memory of the event into inner consciousness. Because the patient has little or no conscious awareness of memories embedded therein, he cannot recall them to the therapist. In effect, the ego acting to protect itself from undue discomfort embeds the memory of

disturbing experiences in the unconscious mind. It does this to avoid re-experiencing the strong negative emotions that accompany their recollection. 29/ However, it is primarily this material that is the richest source for the detection of the causes underlying emotional maladjustment because usually this repressed material has the greatest effect on the patient's mind and thus, his overall behavior. 30/

While the conscious mind functions on the basis of verbal, abstract thinking and reasoning, the unconscious mind functions through imagry and image association, reducing memories and emotions primarily to images. 31/ The dream is a perfect example of man experiencing the unconscious mind through images and image association. 32/ Similarly. Figurative Therapy also functions through images and image associations expressed in paint, clay, etc. See, Discussion, supra, pp.6-10. Thus, when the figurative therapist asks the patient to express his feelings through the medium of figurative production, it is the unconscious mind that is triggered into releasing the imagry portrayed in figurative production. 33/

Even if of the emotionally discomforting variety, this imagry will flow through the conscious mind encountering little or no resistence from the conscious ego. 34/ No resistance is encountered because the imagry makes no logical impression on the conscious mind, accustomed to functioning primarily through verbal thinking and reasoning. Thus, simply by inducing the patient to express his feelings through imagry portrayed in paint, clay, etc., the figurative therapist can gain direct access to the repressed material so important to the patient's behavior in a manner that avoids triggering the ego defense mechanism of the conscious mind.

B. In the case of young children figurative expression may be a more natural means of communicating the youngster's emotional life than verbal expression.

Beginning with infancy, a child communicates or expresses his apprehension, desires, needs pleasures, etc. by means of physical gyrations such as hand, foot, and trunk movements accompanied by gutteral sounds.

When the infant learns to hold a pencil or crayon and apply it to paper, the bodily gyrations he experiences without restraint now are recorded in terms of line movement. Because these scribblings are a reflection of the young child's physical gyrations motivated largely by his feelings and emotions, they are considered almost a pure depiction of such feelings and emotions. Thus, to the trained observer these scribblings can reveal much about the infant's emotional makeup including vitality, joy, security, anxiety, timidity and fear.[35] In addition, studies suggest that there is an interrelationship between the infant's scribblings and his rate of learning or intellectual maturation. Specifically, all the scribbles known to have been made by children up to the age of two years have been divided into twenty basic scribbles.[36] It is believed that these scribbles act as the building units for all subsequent drawing and verbal skills.[37] The fact that kindergarten teachers have long observed " . . . that children who draw well usually learn to read easily . . ." [38] would also seem to corroborate the

proposition that a close relationship exists between the child's graphic development (as exhibited through his scribbles or drawings) and his intellectual development. Thus, it would seem that if the development of a healthy emotional life for the infant was interrupted for any reason, it would be reflected in both his scribbling and his development of verbal skills as reflected through those scribblings.

After about age two, the normal child's scribblings begin to depict semi-realistic and realistic shapes from his external environment.[39] These continue to record his emotional and intellectual maturation in increasingly more apparent sequences. These sequences manifest themselves in the depiction of the human figure, now the predominant subject matter of his scribblings, and in emphasis on the limbs, omission of the trunk, and prominence of the head and eyes. [40] Finally, after age six, when he has gained increasing control over figure renditions, the child's attention focuses on pictorial compositions such as the house-tree-person or family variety. [41]

The child's verbal ability improves at the same time that his pictorial ability improves. However, the child's penchant for expressing himself and his emotions through forms of action such as drawing remains particularly strong. This fact has not gone unnoticed by educational therapists who note that:

> [one] of the characteristic differences between child therapy and adult therapy comes about in terms of the medium of self-expression. With adults the process of self-exploration is conducted through conversation. Children's nature modes of self-expression are more diffuse and run as much towards action as towards words. 42/ (Emphasis added.)

Moreover, studies indicate that since drawings by children during these years are done primarily from mental impression rather than factual observation, they tend to express an overwhelming idiom of personal feeling that permeates the work. 43/ Therefore, in view of the above discussion it is thought that figurative expression is a more natural means of communicating the child's emotional life than verbal expression.

4. Implementation of a Pilot Figurative Therapy Reading Clinic in the Elementary school.

a. Staff composition and background.

The staff for a Pilot Clinic in the elementary schools should consist of a half-time administrator, a resident figurative therapist and a student of Figurative Therapy, a resident reading therapist and a student of Reading Therapy, a para-professional, and community volunteers, if possible. The resident figurative therapist should be selected on the basis of his background in psychology, education and studio art (or a degree in Art Therapy). He should possess some clinical, and/or related institutional experience as well as a personality that is open and receptive to new ideas.

In order for the Pilot to function properly, the half-time administrator should have a background similar to the figurative therapist's and possibly some knowledge of remedial reading procedures, in addition to possessing experience or ability in administrative duties. The

administrator might be hired by the Chief Officer of the Board of Education, or by the Supervisor of either the Office of Special Education or the Office of Special Concerns, etc. This person along with the newly-hired administrator, would then select the remainder of the staff.

The reading therapist should be selected on the basis of a background in education, psychology, remedial reading, and preferably studio art. He or she should also possess pertinent experience in a clinic or related institution as well as a personality open to new ideas.

The para-professional should also be subjected to a highly selective recruitment procedure, focusing on the individual's ability to interrelate with others, his personal acuity, sensitivities, etc. In this regard, the administrator might consider having the para-professional undergo a summer session in group dynamics regarding the interpersonal relations of children and adults. That session would utilize such techniques as role playing 44/ and psychodrama 45/, etc. This session would expose the para-professional to basic sensitivities and awareness concerning the group of youngsters with whom he or she will be working.

Students who are pursuing degrees in Art Therapy or Remedial Reading and whose course work was correspondent with the Pilot's course direction and objectives, should also be recruited by the administrator from colleges and universities in the area. The students would observe and participate in the Pilot under the direction of the resident reading or figurative therapist. They would be encouraged to make suggestions and develop new and innovative approaches to both the administration and substance of the curricula as well as to guide the children in individual and group activities. Ideally, the student therapists would represent a source of fresh input and new insights for the Pilot. The resident therapists would be carefully directed and encouraged by the administrator to utilize most effectively this resource both for the children and the student therapists' benefit.

During the summer prior to the implementation of the Pilot the administrator and his staff should meet to organize curricula, materials, procedures, etc. The administrator should organize and direct those meetings with the objective of covering all points concerning implementation of the Pilot in the fall.

The administrator would be responsible for organizing the Pilot together with his staff. He would also be responsible for ensuring that the Pilot was properly administered, that its objectives were properly carried out, that satisfactory community relations and support were established, and that many of the non-technical supervisory responsibilities were gradually shifted to the school principal.

The schedule, curricula and staff organization, etc. conducted by the administrator during the summer prior to the implementation of the Pilot would be a full-time effort. However, once all curricula, organization, policy, procedure and scheduling were established, the administrator would only need to be present one to two-days a week or on a half-day basis to carry out his duties over the children and staff.

In scheduling class hours, the administrator would allot a specific amount of time once or twice a week so that <u>all staff</u> could receive valuable feedback from one another regarding virtually anything pertaining to the

Program: children, curricula, staff, etc. In addition, the administrator would allot specific time slots for the figurative and reading therapists to confer.

The student therapist's schedule of hours would be based on the resident therapist's schedule. A figurative student therapist could be assigned to the figurative therapist for the morning hours between 9 and 12. At the same time the para-professional would be assigned to the reading therapist. In the afternoon the figurative therapist would receive the para-professional, and the reading therapist would be assigned a reading student therapist. The schedule might look something like this:

	M	T	W	Th	F
9-12	F-S1 R-P				
1-3	F-P R-S#2				

F=Figurative Therapist
R=Reading Therapist
P=Para-professional
S=Student therapist

Lastly, community volunteers should be recruited. They could be assigned to work with the children on an individual or group basis, or could help in setting up materials, work displays, and possibly curricula displays.

The infusion of community volunteers would establish a consistent pattern of community concern for the Pilot beginning with the community and revolving full cycle into the classroom and back into the community.

b. Selection of children for the Pilot

One possible basis for selection of children for the Pilot would be for persons such as the principal, assistant principal, guidance counselor, classroom teacher, reading teacher, etc. to recommend the names of children with severe reading problems in their classes or with whom they otherwise had contact. Each time a teacher or other person recommended a child, he or she would be asked to rate that child on characteristics such as emotional behavior, academic achievement, etc. which point to the severity of the child's reading disorders, in order to screen out those children with the most severe reading disorders. 46/ An evaluation sheet listing such characteristics appears below:

EMOTIONAL SABILITY		ACADEMIC ABILITY	
*Disruptive	1 2 3 4 5 6 7 8 9 10	Attention Span	1 2 3 4 5 6 7 8 9 10
*Withdrawn	" " " " " " " " " "	Reading Ability	" " " " " " " " " "
Relation to Peers		Overall achieve-ment	
Relation to Authority		Verbal speaking ability	
Ability to Adapt		Verbal speaking comprehen-sion	

1 = Excellent
3 = Good
5 = Fair
7 = Poor
10 = Ability completely lacking or unnoticeable

* 1 = Never
5 = Much of the time
10 = All of the time

Because at least some of the children recommended and rated by teachers will also be known to the principle, assistant principal, or guidance counselor, etc., several ratings may be received with respect to some of the children recommended for the Pilot. These plural ratings received with respect to such children would be particularly advantageous in that they would give the Pilot therapists a consensus as to the severity of these children's reading problems.

One possible way for the Pilot therapists to evaluate ratings in determining which children have the most severe reading problems would be to have each teacher or other person total each of the numerical figures that he or she had circled with respect to each emotional or academic characteristic. The total score entered for each child would be the basis for comparing such child's reading problems with others. Since the rating would be done on a scale from one to ten with "one" representing the optimum behavior or ability, the most positive total score a child could receive would be "ten." The most negative would be one hundred, assuming that

ten characteristics were involved in the rating. Those children who consistently and on an overall basis received ratings of 8 to 10 with respect to most characteristics would be selected as possible candidates for the Pilot.

To further assist the Pilot therapists in isolating the most extreme reading problem children from the others, personal interviews would be held with each possible candidate. During the interview the therapist would take particular note of attitude, evasion, time lapses, and word or sentence emphasis in responses to questions concerning school, self, and family. Personal case histories (school records), if available, would also be consulted as well as the school psychologist or social worker. Another important factor would be whether the candidates' records exhibited a pattern of movement from one neighborhood to another. If so, the candidate would be eliminated because in a pilot project, it is important to insure that the youngsters selected would remain for the Pilot's duration.

The Pilot therapists would then make the final selections, keeping in mind the fact that "(a) small teacher-pupil ratio with no more than six to 10 pupils is most effective in remedial classes." 47/ Thus, assuming that the goal was to select a total of 16 - 20 children or 8 - 10 per resident therapist, it would be necessary to retain approximately 30 names in the event that some of those selected could not attend because of the lack of parental consent, etc.

The parents or guardians of those selected would be consulted to obtain consent for their child's participation as well as determine if they had any future plans to leave the neighborhood. All the parents or guardians conferred with would be invited to observe and/or assist in the Pilot.

c. Total learning environment of the Figurative Therapy Reading Clinic.

Because the proper learning environment is crucial to the young child's academic and emotional development, especially the maladjusted child, 48/ particular attention

should be given to rendering that environment as positive as possible. In this regard it is important to dispel any feelings of alienation or outcast that the child may have because of being selected for the Pilot, to render the therapeutic environment of the classroom conducive to achieving the Pilot's objectives, to mobilize the physical facilities of the classroom to that end, and to clarify the relationship of the Pilot with the elementary school in which it would be placed.

i. Relationship to Elementary School.

Ideally, the Pilot should be located within the same elementary school from which the students were drawn so as to minimize any feelings of alienation or outcast that may result from being selected for the Pilot. 49/ Although in some instances the Pilot would draw upon the elementary school's resources, for the most part it would function as an autonomous body with a distinct approach, objective, and possibly an

implied or express "code of student conduct." However, because this autonomy in approach, objective, and code of conduct may produce resentment between members of the Pilot and elementary school staffs, open and honest discussions should be conducted at the outset of the Pilot to clarify its objectives as well as the school's position on objectives, approaches, and expectations concerning pupil conduct and behavior. Once these are established, then both staffs would know what to expect from the other and could begin to reach accomodations concerning mutual problems. Accomodations would have to be reached concerning such questions as who should impose punitive measures when a Pilot pupil violates the rules of the elementary school, the school or the Pilot therapists?

In any case, whatever decisions arise from such interchanges, at no time should an attitude be permitted to prevail that Pilot children are privileged because of possible exemptions from school rules, etc. Such an attitude would be a source of irritation or resentment for the regular student body.

Moreover, it is advisable not only to establish lines of communication between the elementary school staff and the Pilot staff at the outset, but also, to maintain this communication throughout the school year in order to dispose of new problems. To maintain these lines of communication both staffs might wish to select some one from the ranks to act as a sounding board or liason between the staffs. He would keep abreast of school and Pilot events and discuss them with the total staffs or in individual groups.

In this connection regular joint meetings between both staffs might be helpful. The liason could use these meetings to discuss his observances and to elicit reaction from all staff members. In this manner, staff members would be given an opportunity to air their problems and resolve them.

ii. Dispelling initial feelings of alienation.

Upon entering the Pilot the children may feel somewhat alienated or odd as a result of being separated from their fellow classmates. To dispel these feelings and

thereby, ease the child's transition into the Pilot, the Pilot therapists should embark on individual conferences with the children prior to entering the Pilot, concerning the child's feelings towards himself, his classmates, teachers, the school, the therapist, etc. and entrance into the Pilot.

To aid in dispelling feelings of tension, resentment, etc. that may, in part, be prompted by misunderstandings about the Pilot on the part of members of the regular elementary school student body, both staffs might want to consider explaining the Pilot to the regular student body at the outset. This explanation could be offered on a classroom, auditorium-wide, or other basis in simplified terms that the students could understand and accept.

iii. The therapeutic environment of the Pilot classroom.

Within the therapeutic classroom environment, an atmosphere of flexibility, receptivity, and understanding should be established and maintained so that the children

will feel unpressured, uninhibited, and otherwise at ease. In discussions and interactions with the children it is essential for the Pilot staff to express themselves openly to the youngsters in simplified, uncritical terms that the students can digest. The students ought not to be subjected to evasions or half-truths because, in teaching, this author has observed that children are highly attuned to contradictions and underlying implications, possibly more so than adults.

Important to the creation and maintenance of the above environment will be the impact of rules on the children's conduct while in the clinic classroom. In this regard the Pilot therapists should take into consideration the children's sensitivity concerning established school codes, particularly if they have violated such codes prior to entering the Pilot as in the case of discipline problem children. It may be that such children would respond resentfully to a similar system of externally imposed "Do's and Don't's." Thus, it might be wise to elicit ideas for the rules as well

as the underlying reasons therefor from the children themselves. Under the guidance of the therapist, the children might also decide how to handle violators of these rules. This procedure would make absolutely clear to the child the reasons for the rules as well as instill in him the feeling that he had some say and control over his own environment. Moreover, it is likely that the child would follow the rules he had participated in making with a more positive attitude than if they were externally imposed on him.

Part of fostering open relations and a healthy environment conducive to growth is motivating understanding about one's own behavior and actions as well as those of the group. In this regard the Pilot figurative therapist could employ, among other things, various group dynamics techniques intended to foster a better group and self-understanding. These group techniques could be used by themselves or in conjunction with Figurative Therapy tasks. The following are examples of group dynamic techniques:

role playing 50/

psychodrama techniques 51/

iv. The use of the physical facility to enhance the therapeutic environment.

The size, organization, and decor of the physical facility in which the Pilot is conducted is very important in setting the psychological "tone" for the environment in which the child will be receiving therapy. Therefore, the figurative and reading therapy rooms ought to be spacious, equalling an area of about 18 x 24 feet.

The rooms would then be large enough for equipment such as easels, displays, etc. as well as for activities involving the whole group, or segments thereof. For it is important that the children feel unhampered to move and act so that they can express themselves freely and easily in their figurative and reading therapy activities.

The inclusion of a punching bag and a number of multi-colored remnant rugs attached side-by-side on the floor of a section of these rooms would also be helpful. Rug remmants come in a variety of sizes, shapes and color tones and can easily be made stationary with Elmer's Glue. Their cost ranges anywhere from 50¢ for a 10 x 15 inch piece to $2.00 or less for a 2 x 6 foot piece. The multi-colored patchwork of rug remmants induces a visually comforting, pleasing, and relaxing sensation conducive to the performance of figurative therapy activities. 52/ Thus, the rugs will be used by the group or parts of the group to lay down or sit on while performing some of these activities. On the other hand the children would be encouraged to vent their feelings of extreme anger, frustration, hostility, etc. on the punching bag.

In addition to the above, further thought should be given to utilizing the physical facility to enhance the therapeutic environment through (1) arrangement of materials and equipment in the room (2) choice of color for the walls (3) choice of desks (possibly work desks) if any, and (4) displays of curricula materials, equipment, work exhibits, and sensory, visual and tactile materials.

In summary, a child's total therapeutic environment will be shaped by the attitude and feelings of those that surround him including the regular teaching staff and student body outside the Pilot as well as the Pilot staff. Thus, it is crucial to establish and maintain an attitudinal environment of openess, receptivity, and understanding on the part of all. 53/ This same attitudinal environment must be carried over into the therapy classes. With advance planning, the physical facility in which the classes are held can be utilized to enhance the attitudinal environment.

d. Free expression and pure color techniques.

Much thought has been given in the preceding section to creating a therapeutic environment of openess, receptivity, and understanding. The creation of such an environment is a first step in facilitating the child's free expression (in paint, clay, etc.) of the emotional material repressed in the child's unconscious mind. As previously explained, this free expression

is critical to the success of the Pilot because it is through the medium of the afore-mentioned figurative productions that the therapist gains direct access to that repressed emotional material which has such an effect on the child's mind and thus, his overall behavior. See, Discussion, supra, pp.14-17. Therefore, the figurative tasks performed by children in the Pilot should be structured so as to maximize that free expression of repressed emotional material.

One excellent way to maximize free expression is to introduce the children to pure color. As used by the author, "pure color" is color that is not encased within specific boundaries and therefore, does not create specific images or shapes that in any way correspond to any particular focus in external reality.

Pure color stimulates free expression because it has no recognized sequence or established pattern for its presentation. Virtually anything goes. 54/ As a result the child who utilizes pure color would not be inhibited by having to make his figurative production a realistic or semi-realistic factsimile of some object

in external reality. Moreover, because the conscious mind functions through structured patterns of abstract thinking and reasoning 55/ and pure color is totally unstructured, pure color arrangements make little sense to, and therefore encounter little influence from, the conscious mind. In effect, without the influence of the conscious mind, the unconscious mind is free to release emotionally charged material. Thus, the use of pure color relieves the child of many restrictions or inhibitions and allows him the expression of repressed emotional material.

Whether as traditional psychoanalyists, Art Therapists, etc., therapists have tended to focus on line and tone in connection with the use of color to produce imagry, as an analytical tool. In this connection, they have directed their patient's to create images or shapes representing specific objects in external reality such as the patient's parents, siblings, etc. 56/

Over the years, a useful body of knowledge has evolved on how to analyze such imagry (produced through color, line and tone) for the purpose of deriving information about the patient's emotional makeup. 57/ By contrast the use of pure color as a tool for direct analysis of personality disorders is relatively new and undeveloped. 58/ Consequently, the author recommends that the figurative tasks performed by children in the Pilot be based on images produced largely by color rather than on images produced by an emphasis on a combination of color, line, and tone, at least until the children have been able to overcome their inhibitions stemming from the production of realistic words.

The following pages contain a series of figurative therapy tasks presented in standard, teacher lesson plan form. In order to elicit repressed emotional feelings from children in the Pilot, the tasks are based on the production of pure color works and on the production of images through color. These tasks utilize

a variety of different media. The Pilot therapists can utilize them as stated or modify them to suit individual needs. However, it is recommended that the sequence in which the tasks are presented be preserved because each succeeding task is intended to build on the principles of the previous one.

The first task presented by the Pilot therapists is highly significant because it can (1) instill a feeling of group belonging and (2) captivate or stifle the child's interest in the Pilot, thus, paving the way for or deferring the child from future open participation. For this purpose the author recommends a task based solely on the principles of pure color. This task should enable the children to gain confidence as well as freedom of expression and movement without being hampered by a need to ensure a realistic or semi-realistic portrayal of some object in the external environment. The confidence and free expression so gained, could then be carried over into successive tasks that would deal with the production of images through color.

The specific introductory task recommended by the author is called "pure color wall painting" 59/ and appears in lesson plan form immediately following this discussion. The task involves attaching white paper to the walls of the therapy room and sealing off the open edges with masking tape. The children are given tempura paints and brushes and are instructed to paint with the colors of their liking. No restriction on the selection or arrangement of colors would be imposed. The children would be encouraged to use large sweeping movements of the hand and wrist to stimulate freedom of movement in order to dispel inhibitions. The child should be free to add to his personal statement on the wall if he or she so wishes during the semester. This freedom would help to create a feeling in the child that he could control and manipulate a part of his environment at his own discretion. 60/

PURE COLOR -- WALL PAINTING

AIM:

To stimulate the children to lose their inhibitions through the application of pure color.

MOTIVATION:

As the children file into the room, the therapist starts to paint spontaneously on the covered wall, hoping to interest the children.

MATERIALS:

1. aprons
2. brushes
3. large sheets of paper for wall
4. masking tape
5. newspaper
6. paints -- red, yellow, blue, orange, green, violet
7. palettes
8. water cans

PROCEDURE:

1. The therapist covers the walls of room with paper and tape.

2. Colors are squirted into palette dishes and placed on tables or easels that are situated next to the walls.

3. The therapist talks to the children about their feelings on that day and other days towards classmates, therapists, family, etc. The therapist would then encourage the children to let those feelings flow freely and put them into color.

4. In putting their feelings into color, the children are encouraged to choose any color to their liking and apply it to the walls in any arrangement, using large sweeping movements of the hand and wrist.

CREATING TO MUSIC

AIM:

1. To free the children from their inhibitions, stemming from conventional emphasis on producing realistic works.

2. To encourage freer expression through the use of more than just the visual sense such as auditory or tactile senses.

MOTIVATION:

The therapist plays a musical passage.

MATERIALS:

1. aprons
2. brushes
3. paints or colored cray-pas.
4. palettes
5. paper
6. water cans

PROCEDURE:

1. The therapist plays a musical passage.

2. As the music is played, the therapist encourages the children to associate freely to the musical movements and lyrics and to express these movements and lyrics in terms of color.

3. In the alternative the children might wait until after the passage is played to express in color their impression of the musical movements and lyrics

4. In expressing these movements and lyrics in color, the children are encouraged to use large sweeping movements of the hand and wrist and to feel absolutely free and relaxed.

EXPRESSION THROUGH FEELING WORDS

AIM:

To encourage the children to lose their inhibitions through the expression of feelings and emotions.

MOTIVATION:

The therapist shows the children enlarged (8 x 10) photographs or magazine photographs of adults or other children with varied facial expressions, reflecting different kinds of feelings.

MATERIALS:

1. Crayons
2. paper

PROCEDURE:

1. The following or similar kinds of "feeling" words are placed on the board:

fear	hurt
friendliness	loneliness
happiness	kindness
hatefulness	sorrow
helpfulness	

2. The therapist talks about these different "feeling" words and how it is possible to feel each of these emotions at different times. The therapist also points to the faces on the photographs and has the children discuss the different emotions that each face appears to be feeling.

3. The children are then asked to select a word from the list on the board, to recollect a personal incident that the word brings to mind, and to think about how they felt and acted during that incident.

4. Then, they are asked to express these feelings about the incident freely and easily through color.

COLOR AND IMAGE PHRASES

AIM:

1. To further loosen the child's inhibitions through color.

2. To establish an association between color and image phrases.

MOTIVATION:

The children are asked what they think of when the phrases "the yellow sound, the color dance, and the color storm" are used. The children are further asked what colors these phrases evoke and why. In thinking and feeling about these phrases, the children are encouraged to use their imagination.

MATERIALS:

1. brushes
2. newspapers
3. newsprint or painting paper
4. palettes
5. water cups

PROCEDURE:

1. Some or all of the following phrases are placed on the board:

The yellow sound
The march of color
The beginning of a pattern
A symphony of color
The lonely line
melting colors
A line meets a color
the color dance
the color storm
color splashes
color war 61/

2. The therapist discusses the feelings these phrases evoke and how color may express such feelings.

3. The therapist encourages the children to use their imaginations in translating these image phrases into color.

4. In translating these image phrases into color, the children are encouraged to work freely and easily and to use large sweeping strokes of color.

COLOR SHAPES

AIM:

1. To encourage the children to be more sensitive to their environment and to learn to "see" the shapes in that environment

2. To encourage the children to relate colors to shapes.

MOTIVATION:

The therapist asks the children to scan the room and see all the shapes, forms, and objects that surround them such as on the board, on exhibits, on their person, on the person of their classmates, etc.

MATERIALS:

1. colored sheets of construction paper
2. scissors
3. paste

PROCEDURE:

1. The therapist instructs the children to select varied colors of construction paper.

2. The children are asked to observe all shapes around them in the classroom, on their person, outside the classroom, etc.

3. Using the sheets they have selected, the therapist asks the children to cut out any shapes they can possibly think of or see.

4. Before or after all the shapes are cut out, the children can paste them on a sheet of colored or white construction paper.

5. The children can arrange the shapes to overlap one another or to be pasted side by side or with a space in between.

6. In performing the above task, the children are encouraged to work freely and easily, letting their feelings choose the colors and their "mind's eye" choose the images.

COLOR SCRIBBLE-SHAPES

AIM:

1. To loosen the children's inhibitions to figurative expression.

2. To encourage the children to express themselves in terms of color images.

MOTIVATION:

The therapist demonstrates how to make color scribbles on paper and encourages the children to make their own scribbles using their "mind's eye" to "see" realistic shapes and figures into these scribble drawings.

MATERIALS:

1. crayons or cray-pas and paper.

PROCEDURE:

1. Choosing a color cray-pas or crayon, the children make large scribble marks over their entire paper.

2. They are encouraged to look at their scribbles and "see" realistic shapes and images.

3. Using varied colored crayons or cray-pas of their own choosing, they are then asked to distinguish these images, and shapes from the rest of the scribbles, by for example, coloring those images and shapes with one set of colors and coloring the area surrounding those scribbles with another.

4. In performing the above task, the children are encouraged to use large, sweeping movements of the hand and wrist and otherwise to render their scribblings without restraint.

COLOR GRAFFITO

AIM:

To encourage the expression of color imagry

MOTIVATION:

The therapist closes his eyes, visualizes an image, and describes that image to the children. On a piece of paper covered entirely with black crayon, he sketches that image by scraping off certain areas of the paper that are covered by the black crayon.

MATERIALS:

1. blunt knives, blunt scissors, rulers, or other blunt objects

2. crayons

3. paper

PROCEDURE:

1. Each child covers an entire page with various colors other than black crayon.

2. Then, a black crayon is used to color over that entire page.

3. The children are asked to close their eyes and visualize a picture of their family, including what their families are wearing, the color of their clothes,etc.

4. The children are also asked to visualize how the family members are grouped with one another, including in what order they appear and whether they are standing-up, sitting down, etc.

5. The therapist then asks the children to sketch the images visualized "in their minds" by removing the black crayon with some blunt instrument.

COLOR IMAGRY AND MAKING A WISH

AIM:

To encourage the free expression of emotion through images.

MOTIVATION:

The children are asked whether they have ever desired to have something they could not have or to be like someone else. The therapist then tells the children that today they will have the chance to fulfill those wishes.

MATERIALS:

1. cardboard
2. construction paper in multi-colors
3. magazines
4. paste
5. scissors

PROCEDURE:

1. The following thoughts or similar thoughts are put on the board.

   to wish for something for oneself
   to wish for something for someone else
   to wish to be someone else
   to wish to be somewhere else
   to wish that something would happen 62/

2. The children are encouraged to select one of the listed wishes.

3. The children are then asked to think about their selection and create a scene in their minds with respect to that wish.

4. The children are then urged to portray the scene by cutting out the various shapes and objects contained therein from the multicolored sheets of construction paper. These shapes can be arranged and pasted onto cardboard sheets either during or after the cutting has been completed.

5. In performing the above task, the children are encouraged to use their imaginations and to permit their feelings to choose the colors and their "mind's eye" to choose the shapes.

COLOR IMAGRY AND FEELING WORDS

AIM:

To encourage the free-flow of feelings and emotions through color images.

MOTIVATION:

The therapist asks the children to name the types of moods they have experienced and the feelings accompanying those moods.

MATERIALS:

1. brushes
2. newspapers
3. painting paper
4. pallettes
5. tempura paints
6. water cans

PROCEDURE:

1. "Feeling" phrases elicited from the children or suggested by the therapist are put on the board such as:

   The blues-feeling down
   Getting attention
   Feeling irritable
   Getting praise
   Feeling nervous
   Feeling glad
   Feeling hung up

2. The children are asked to choose a phrase and dwell on the feelings it stimulates either by itself or to a background of music.

3. If done in conjunction with music, the children are encouraged to relax and follow the musical rhythms as they contemplate their feelings about the phrase they have choosen.

4. The children are then asked to do a self-portrait of themselves, illustrating the mood they have chosen . At the same time they are asked to try and re-experience the feelings they had when actually experiencing the above mood with a view to incorporating them into the portrait.

5. The children are encouraged to feel loose and relaxed and to let their feelings choose the colors, and their minds eye to choose the imagry.

OTHER FIGURATIVE TASKS

AUTOMATIC EXPRESSION:

Using cray-pas or paint, the children set down a spontaneous series of curvy or jagged lines or shapes. They then develop a pattern or realistic composition from such lines or shapes. 63/

FREE EXPRESSION:

The children can select any subject for expression and any medium within which to express that subject such as construction paper, cray-pas, painting, etc. 64/

PROBLEM EXPRESSION:

The children can use any medium they desire to express a deeply felt anxiety or other specific problem. 65/

RAPID SUCCESSION OF FEELINGS:

Using cray-pas, the children render anywhere from two to six works based on two to six "feeling words" such as kindness, jealously, anger, etc., allowing approximately 5 to 10 minutes for each work. 66/

ELEMENTAL EXPRESSION:

Using cray-pas, the children may express themselves spontaneously on the subject of the traditional four elements: fire, air, earth, and water, or they might choose one element as the basis for a prolonged work. 67/

FAMILY OR CLOSE ONES:

If a particular child does not have a family, he may be encouraged to express himself on the topic of persons or things that are close to him. These topics may be expressed in the medium of cray-pas or paint. Placement of persons or things, exaggerations, and omissions are of particular significance to the therapist in this case. 68/

GROUP PORTRAITURE:

The object of group portraiture is to reveal how each child views the other children in the group. Thus, the child will be asked to draw a picture of the other members of the group using cray-pas or paints. 69/

HOUSE - TREE - PERSON

A variety of mediums may be used such as construction paper, cray-pas, paints, etc. in the performance of this technique. The three subjects may be expressed as the subject for individual works or as the element of one work. 70/

DRAW A PERSON:

Using cray-pas, the children are encouraged to depict themselves in full figure. They are then encouraged to do the same with respect to a member of the opposite sex. 71/

SELF-PORTRAIT:

For this task a mirror may be used or the task may emphasize the children's recall. In any case cray-pas or paint should be used to create a self-portrait that may be full face or profile or a portrait of an idealized or actual self. 72/

STAFF PORTRAITURE:

The children are encouraged to render a group portrait consisting of all Program staff members they have encountered. Here, the object is not portraiture, but rather, to see how the children perceive each staff member.

OTHER THERAPY TASKS

ROLE PLAYING

Role playing is a psychotherapeutic technique wherein " . . . participants are encouraged to step into another's psyche for a time . . . ." 73/ The object is for the role player to gain an appreciation and understanding of the other person's behavior and viewpoint as well as his own reaction to such behavior and viewpoint. 74/

Therapy sessions could be devoted to a child who would assume the role of a peer, teacher, therapist, etc. As guided by the therapist, the children could also devise a "role playing situation" in which several children could take part. In this regard one possible situation could deal with a classroom scene. Children could volunteer to play the teacher while others would "play" the students in the class, the principal, etc. One or more of the children might play the disruptive student coming into the classroom to disturb the class. The children would be encouraged to develop spontaneous lines in their interaction with another in this role playing situation.

This exact role playing situation was enacted by students in the Julia Richman Mini-School in N.Y.C. The role playing scene was videotaped and the students had an opportunity to see themselves acted out. In depth discussions followed the viewing of the scene.

This video-taped, role playing scene was judged to be highly successful by the teachers in the program because the students had an opportunity to experience authoritarian roles as well as roles of their peers. In so doing, they were able to observe their own behaviors as projected through the "role" of another.

In conjunction with role playing, the therapist could administer figurative therapy tasks. For example, assume that the above classroom scene were used for the situational role playing. Before orafter the children had observed themselves on video-tape, the therapist could guide the children to depict their role in relation to those of others in terms of painted imagry.

PSYCHODRAMA:

Psychodrama refers to a psychotherapeutic technique wherein the patient acts

> . . . in a self-exploration of his life under the supervision of a director and supported by group members . . . by reversing roles with the significant others in his world and viewing them and himself through different eyes . . . 75/ (Emphasis added.)

In utilizing this technique, the figurative therapist could have the children volunteer personal incidents in which they were involved and select one as the subject for the drama. Then the child whose incident was selected would choose a role he wished to play and his classmates would play supporting roles. It is expected that the incidents acted out would involve interactions between the child, his parents, siblings, or other close ones.

e. A Case Study

Previous sections of this paper have discussed the basis underlying the Pilot and the mechanics of implementing the creation of such a Pilot in an elementary school setting. However, to illustrate more clearly one way in which figurative therapy might function to encourage the free expression of a student's emotional problem, an actual event from the author's teaching experience is described.

S was a fourth grader who had been categorized by his classroom teacher as a student with reading problems. Moreover, this author had observed that S appeared highly withdrawn and, when relating to peers and authority figures, displayed visable uneasiness.

Along with his classmates S was asked to select a word from a list of "feeling words" and to color a scene that he had experienced of which the word reminded him. S selected the word "fear" and commenced to color a scene consisting of a cabin, woods, and two figures. As subsequently became apparent, the two figures were S and his father who held a hunting rifle.

The author noted that the trees were so large that they were extradordinarily disproportionate to the height of the figures. Also, the manner in which the looming trees were portrayed seemed to create an ominous almost threatening quality about the painting.

The author asked S to explain why he had selected the word "fear", why the trees were so large, and what the picture meant to him. S explained that he and his father had gone on a hunting trip. Then, in some detail, he described the trip. As regards the word "fear", S described his apprehension about the looming trees in the painting. Eventually, S began discussing his father whom he also described as a very looming, imposing, and threatening figure. S then went on to describe the apprehensive feelings he experienced toward his father to the extent that he envisioned his father using the rifle in the picture to destroy him.

Discussion with the classroom teacher confirmed that S had been having considerable family problems. The teacher, however, had become aware of S's family problems only through S's mother.

Although S appeared withdrawn, he readily discussed the picture figures he had created. Perhaps, because S had created the picture, he somehow felt in complete control of the situation and figures portrayed therein. Thus, he may have felt that he could talk more freely without the threat of repercussions from the figure representing his father. Whatever the reason, however, S bridged the gap between what was troubling him and his communication of those troubles to another party through the medium of crayons.

5. Attaining fluency in reading.

Because of the relationship between the emotional make-up and reading disabilities of children with normal or above normal intelligence, this author has previously recommended that the resident reading therapist possess a heavy background in psychology. See Discussion, supra, p. 22. This heavy background in psychology is also necessary because it is expected that the figurative and reading therapists will work in meaningful conjunction with one another. For this purpose they will meet regularly to exchange information and ideas on each child's emotional background, personality, and reading and emotional development as well as to co-ordinate their attack on the child's emotional and reading disorders. It is further expected that each therapist will utilize the ideas and information gained from these conferences to tailor his respective figurative or reading therapy techniques to each child's individual needs. However, for any meaningful co-ordination and cross-fertilization between the two therapists to occur, the reading therapist must have a heavy background in psychology. In this regard the figurative therapist might

provide the reading therapist with information on what interests or motivates a child, what the child thinks of himself, what is the range of the child's experience, what models (parents or older siblings) does the child have for emulation, whether these models use language to provide recreation or to solve personal problems, whether the child identified with models who need motor activities to feel comfortable and who seek immediate gratification, or whether the child identifies with models who patiently await the accomplishment of long-term goals. All of the above information has been recognized as useful in remedying reading disabilities. 76/ However, if the reading therapist does not have a heavy background in psychology, he may not be able to recognize the significance of such information or apply it correctly in devising remedial techniques best suited to assist the child in attaining reading fluency. For example, if the child identified with models whose life styles were characterized by motor activities and who sought immediate gratification, the reading therapist should probably devise remedial techniques that utilize motor

activity in some manner. Moreover, because self-gratification was particularly important to the child's models the reading therapist should probably direct the child in activities that would yield success and positive reinforcement frequently.

Armed with information from the figurative therapist and having reached conclusions as to the child's specific reading deficiencies, the reading therapist would then proceed to select treatment approaches from the variety of auditory, olfactory, psychodynamic, tactile, and visual sources available. A number of these sources are described in the latter pages of this section. Depending on what the child's particular deficiencies are, these techniques will be used (a) to develop or strengthen some or all of the abilities necessary for the child to master the various reading skills and (b) to develop or strengthen the child's command of the various reading skills necessary to attain reading fluency.

a. Developing or strengthening the abilities necessary to master reading skills.

A child must develop some nine abilities before he can master reading skills. 77/ The child must "have attained" a mental age of six years or more as well as an adequate language development. 78/ This language development is related to the child's ability to express himself through speaking. In this connection, the child must possess a memory for sentences and ideas as well as the ability to enunciate and procounce his words correctly. 79/ He must also possess visual and auditory discrimination so that he may recall pictures visual symbols, and sounds as well as detect likeness and differences between such visual or auditory symbols. 80/ In addition, it is necessary for the child to have attained certain motor abilities such as left-right eye movement (for reading) or hand-eye coordination (for writing) as well as visual maturity for focusing properly. 81/

Lastly the child must possess the motivation to read. Often his motivation to read will, in part, stem from his concept of himself. If the child feels confident or self-assured, he is more likely to want to learn to read than if he feels insecure. 82/

It is the reading therapist's job to detect deficiencies in the above abilities of a severely retarded reader and to prescribe techniques to remedy these deficiencies.

b. Developing or strengthening the child's command of the reading skills necessary to attain reading fluency.

Once the child has sufficiently developed the above abilities, he can begin to acquire the reading skills necessary to attain reading fluency. In some instances, these reading skills are simply more sophisticated forms of the abilities previously discussed. Examples of such skills are outlined on the following pages in order to give the reader an overview of the specific types of reading skills that must be developed and mastered before a child can attain full reading fluency. These skills are listed in general categories that are further divided into sub-categories as follows:

PERCEPTUAL READING SKILLS

A. Auditory
    1. Matching rhyming words
    2. Identifying consonant sounds
        a. Initial positions
        b. Final positions
        c. Consonant blends
        d. Consonant diagraphs

3. Identifying vowel sounds
4. Hearing word variants
5. Recognizing syllable length
6. Listening for accents

B. Visual
   1. Noticing likenesses and differences
   2. Noticing differences in upper cases and lower case letters
   3. Increasing eye-span
   4. Developing spatial discrimination
      a. Up and Down
      b. Toward and from
      c. Betweeness
      d. Nearness
      e. Horizontal sequence
      f. On and under
      g. Top and bottom

C. Motor
   1. Developing left-right eye movement
   2. Developing hand-eye coordination
   3. Developing motor awareness and coordination
   4. Focusing

II. WORD IDENTIFICATION SKILLS

A. Sight Word
B. Structural analysis
C. Context clues
D. Syllibication

III. COMPREHENSION SKILLS

A. Words
B. Sentences
C. Main ideas
D. Generalizations

IV. RATE OF COMPREHENSION

V. ORAL READING SKILLS 83 /

No attempt will be made in this paper to examine in detail each of the above skills but the reader is referred to the following book that provides such a discussion: Smith, Carl B., Treating Reading Difficulties: The Role of the Principle, Teacher, Specialist, Administrator, U.S. Dept. of Health, Education, and Welfare, Office of Education, National Center for Educational Communication, U.S. Government Printing Office, Washington, D.C. (1970).

When a child first enters the Pilot, he may be deficient in some or all of the above skills, or he may simply need to have certain of those skills strengthened. The reading therapist must determine the skills in which the child is deficient or that need strengthening.

In certain instances the therapist may choose to use diagnostic tests to establish the strengths and weaknesses of the child's reading skills. However, promising research in diagnosing the specific reading skills in which the child is deficient

> . . . is only beginning. Conventional reading tests all yield "grade level" scores. These are not useful for determining what specific skill is lacking . . . [particularly for those] whose developmental state has not yielded adequate association of sounds and symbols. 84/

Based on both a continuing diagnosis of the child's reading deficiencies throughout the duration of the Pilot as well as an initial diagnostic evaluation, the reading therapist will continually adapt and devise treatment techniques tailored to the child's needs. As previously indicated, these treatment techniques should utilize a variety of visual, tactile, auditory and other approaches. However, it is important to bear in mind, that no matter how well developed these treatment techniques may be that

> Generic to success is a comfortable, nonthreatening atmosphere; without this the techniques and devices, whatever they are, will be rote mechanical exercises, forgotten even as they are done. 85/

These include existing techniques designed to develop the aforementioned reading skills.

WORDS IN COLOR

"Words in color" is a reading technique useful in teaching the letters of the alphabet, the sounds accompanying such letters, word recognition, etc. It has been used successfully on illiterate adults and slow learners with an IQ of 50 to 75, as well as on elementary school children. 86/

The technique operates by assigning a specific color to each of the 47 sounds in the English language. Thus, each sound is represented by the same color no matter how it is spelled. For example, the long "ā" sound in such words as came, same, shame, etc., might be assigned the color red. On the other hand, the color green may be assigned to the short "o" sould as in the words come, dumb, some, thumb, etc. Then, letters, groups of letters, and words are colored the way they sound. 87/ Once a child learns which colors are associated with which sounds, he can begin to associate those sounds with the above letters, groups of letters, and words and thereby, begin the process of reading.

FINGER SPELLING

"Finger Spelling" is a reading technique whereby manipulations and different placements of the fingers symbolize different letters of the alphabet. 88/ Although used primarily by deaf and dumb persons, the author believes it would be a useful reading technique for normal children who, among other things, may exhibit difficulty associating the correct sounds to the different letters of the alphabet. The technique would be useful because it involves many more cues to aid the child reader than he receives from viewing printed letters. For example,

> In finger spelling the symbols are in motion, each letter flowing into another. . . . In addition, the symbols are sent with the expressive background of the sender (smiles, frowns, etc) additional cues to recognition. 89/

Moreover, since the child would be actively partaking in the formation of this alphabet, he might better retain the memory of each of these letters and their accompanying sounds. Once this retention were mastered, the therapist could integrate the finger alphabet sounds with the printed alphabet.

TEACHING MENTAL PICTURES

"Teaching mental pictures" is a reading technique whereby the child reader is encouraged to conjure up mental pictures or visual images of what is expressed in a sentence on the theory that such images or pictures give the words an added significance, permitting the child to decipher and retain the meaning of the sentence, more easily. 90/

Since children particularly are endowed with vivid imaginations and inclined to phantasize, it would be beneficial to tap this imagination in furthering the child's reading development. With this in mind, at least one authority has suggested that educators select reading matter for children with many more illustrations depicting the thoughts or concepts being discussed. 91/ In this same regard the author recommends that the reading therapist possibly use selected comic books to stimulate the child's desire to read as

> [The book illustration] . . . is basic to all reading until the reader progresses to the level of abstract thinking. Even then concrete models are often used to illustrate abstract ideas, e.g., a model of an organizational hierarchy, an atom, or a genetic distribution. 92/

In addition to the above, the reading therapist should apply the "Teaching Mental Pictures Technique" to language he uses in discussions with the children as well as to the children's writing of compositions as interrelated with their drawings. For example, the reading therapist might talk about the children's mothers doing work in the kitchen. The children would be asked to put their hands over their eyes and to visualize their mothers in the kitchen. Then, the reading therapist might ask the children such questions as what part of the kitchen is your mother standing in, what is she doing with her hands, what is she wearing, what kinds of colors does she have on, and what are the colors of the objects that surround her, etc. Afterwards, the children would be asked to make pictures of their mothers in the kitchen. In at least one case where this procedure was followed, the children displayed far greater diversity and individuality of actions, poses, scenery, etc. than in any other previous drawings. 93/

The author believes that this greater diversity of subject matter portrayed by the children in drawings after being stimulated by mental pictures could be translated into greater diversity in the children's written words if the children were then asked to write compositions on the same subject.

EMOTIONALLY CHARGED WORDS

The use of emotionally charged words to treat reading disabilities should prove useful because tests have shown

> . . . that a significantly greater number of emotionally charged words were recalled [by students] when compared to the number of neutral words recalled [by them]. 94/

Neutral words are those that have virtually no emotional significance such as "bring, can, drop, have, hold, and know." 95/ On the other hand emotionally charged words are those that pertain to feelings or emotions or deal particularly with such things as aggression, anger, fear, love or sex. Examples of such words are fight, hate, hurt, and kiss. 96/ Thus, techniques using emotionally charged words should be devised to develop reading skills in order to remedy certain reading disabilities.

As previously indicated, an adequate language development permitting the child to express himself through speaking is important to attaining reading fluency. See, Discussion, supra, p. 70. For the purpose of assisting the child to achieve an adequate language development, several exercises using emotionally charged words are suggested. First, emotionally-charged words would be placed on the blackboard. The therapist would ask the children to focus on one of the emotionally charged words. While a musical passage was being played, the children would be further encouraged to recall an incident that the word evoked as well as the feeling that accompanied this incident. Afterwards, the therapist would hold group or individual discussions with the children about the incidents. Using the emotionally charged words utilized by the children to describe these incidents, the therapist would urge the children to think of synonyms for words as well as more fluent ways of expressing thoughts in terms of compound rather than simple sentences etc., thereby, expanding their vocabulary and ability to express their thoughts.

This technique could also be used to build further the vocabularies of children who had already begun some reading and writing. In this connection rather than discussing the above incidents with such children, the children would first write a composition on them. Then, the same vocabulary building discussion would follow with the therapist using emotionally charged words from the childrens compositions.

Another variation of the above exercise would be for the children to view a selected film that provoked emotionally charged discussions. The vocabulary building discussion previously described would then follow the viewing.

If carefully structured to emphasize emotionally charged words, their synonyms, and ways to express feelings suggested by those words, counselling, discussing personal problems, gripe sessions, group or incidental problem solving, and role playing might also be useful in developing the children's vocabulary and ability to express themselves fluently.

PHYSICAL EDUCATION

During those periods when the Pilot Staff is conferring with one another or is otherwise scheduled for class preparation periods, the children could be scheduled for physical education. These physical education classes would be planned with the physical education teacher of the elementary school with the object of devising exercises that would develop some of the motor and other skills required for developing reading skills. The reading therapist would furnish the physical education teacher with some of the skills he thought needed emphasis such as the children's perceptual awareness or concept of space, etc. For the purpose of developing these skills, the physical education teacher might wish to utilize exercises on a balance board trampoline, etc. 97/

A similar program to train children in perceptual awareness is being tried on the elementary school level in Niskayuna, New York. There, the physical education teacher devised the program in conjunction with the school psychologist, the principal, and other teachers. 98/

The physical education teacher who devised the program remarked that prior to the program their classes

> . . . had little thought process [as they were] used to telling the children what to do without thinking about why. Now [they] are giving them problem-solving games that have some content. 99/

At the same time the children are having fun while being unaware that they are receiving valuable practice performing perceptual and motor skills vital to reading.

OTHER SUGGESTED ACTIVITIES AND TECHNIQUES

Direction Game: 100/

This game has three objectives: to instill an ability to listen, to develop a memory, and to instill an ability to follow directions. The therapist or a member of his staff will cut-out various objects from magazines such as cars, trains, pets, etc. and then, write a series of simplified directions on the back of these cut-outs. The child will select an object of his liking and the therapist will read the instructions on the back for the child to follow. The series of instructions may involve one or more directions such as:

1. Take four giant steps forward, turn around three times, walk very slowly back to your seat.

2. Tip-toe to the therapist's desk, knock four times, skip back to your seat.

3. Touch your knee and then your toes, scratch your head and tickle your nose.

4. Walk over to a friend, tap him on the head, and tell him your full name and address. 101/

At the same time the other class members are also motivated to partake in the game since they must see to it that each child is properly following his directions.

Direction Box: 102/

This game is designed to instill in the child the ability to follow directions and to develop the child's attention span. Each child is given three small boxes that may be sequentially numbered from one to three, or each box may be covered with different colored paper to produce a red box, yellow box, etc. Then, the therapist or a member of his staff orally transmits instructions of various degrees of difficulty to the children such as "Put three red chips in box two" or "Put three red chips from box two into box one." 103/ As the children

become more proficient in performing these instructions, the instructions become more difficult and complex.

What is Missing 104/

The object of this game is to develop a long attention span in the child. The children are given magazines photos and asked to cut out familiar objects such as cars, horses, pets, trains. etc. After they have completed cutting out these objects, they are instructed to further cut the objects so that an important part of each is missing. The therapist or a member of his staff collects all the cut-out objects and holds each one up individually in order that the class members can identify the missing part. All children except the one who did the cut out in the individual case will have the opportunity to make the identification.

CONVINCING THE CHILD THAT HE IS ABLE TO READ THROUGH A PICTURE DICTIONARY 105/

The child and one of the staff sit together and thumb through a popular magazine or selected comic book. The child is asked to identify words he can sight read.

The child may discover that there may be several words that he is able to identify such as "Coca Cola", "Winston", "Ford", etc. 106/ This positive reinforcement in his ability to identify such words will hopefully motivate him to continue this identification on his own.

The child is then encouraged to cut out pictures of familiar objects and paste them on sheets of notebook paper. With the assistance of one of the staff the child will label these objects by printing the label next to the object and then, printing it in a sentence. The notebook paper on which the objects, labels, and sentences are set out will then be organized in alphabetical order and fastened in the notebook. Finally, while alternating between covering the picture and leaving it visible, the child will be asked to read the sentence as well as the word. 107/

STRENGTHENING SOUND DIFFERENTIATION 108/

One means of strengthening a child's ability to discriminate between various sounds is to have him close his eyes and listen to a description of something in the room such as:

> I see a little boy with an Afro haircut who is wearing a green and white striped shirt and dungarees. Raise your hand if you know who it is.

In order to determine who the little boy is without opening his eyes, the child must pay very close attention to what is said thereby strengthening his sound discrimination. 109/

STRENGTHENING AUDITORY RECALL 110/

The therapist will have all the children stand while he stamps his foot in the same pattern several times. He will then test the child's auditory memory by asking the child to duplicate the "stamps" in exactly the same pattern. In this way a child's auditory memory will be strengthened as he attempts to remember and re-enact the therapist's stamping pattern. 111/ As the children's auditory memories become more proficient, the therapist may increase the complexity of the tasks.

BUILDING VISUAL PERCEPTION: 112/

Materials to build the child's visual perception may be devised by the therapist or purchased commercially. 113/ For reading purposes the following are some areas of visual perception that may need to be developed. They are:

1. Eye-hand coordination exercises-- they require the ability to draw lines from left to right between boundaries of varied widths and shapes.

2. Figure-ground exercises -- they require the ability to detect objects that are hidden against backgrounds of varied complexity.

3. Constancy-of-shape exercises-- they require the ability to differentiate among varied shapes as rectangles, triangles, and ellipses of different positions, textures, sizes, etc.

4. Position-in-space exercises--they require the ability to identify familiar objects in reversed or rotated positions.

5. Special relationship exercises--they require the ability to analyze and distinguish forms and patterns with respect to lines and angles. 114/

6. Success and expansion of the Pilot

In order to gain feedback concerning the effectiveness of the Pilot during its duration, the Pilot staff would be required to make progress reports on a quarterly or semi-annual basis as well as at the Pilot's completion. These progress reports would consist of on-going evaluations of each child's reading fluency.

After the Pilot's completion, its success could be measured in several ways. First, because the Pilot's ultimate objective is to dissolve the child's emotional impediments to reading and guide the child into attaining reading fluency, one means of measuring the Pilot's success would be to compare each child's reading scores when he commenced and completed the Pilot. A marked improvement in reading scores approaching the reading fluency level would demonstrate the Pilot's success in guiding the child to attain reading fluency. Such an improvement also demonstrates the Pilot's success in guiding the child to attain reading fluency. Such an improvement also demonstrates the Pilot's success in reducing or removing the child's emotional impediments to reading.

A second and more permanent measure of the Pilot's success would be the child's performance once he or she completed the Pilot and re-entered the regular elementary school classroom. For several semesters following re-entry, the child's teacher would be asked to evaluate the child on the same point-by-point basis that had originally been used in selecting the child for the Pilot. The results of these evaluations would be compared with those made prior to the child's entry into the Pilot in order to demonstrate that the Pilot had effected a permanent improvement in the characteristics evaluated.

With the successful completion of the Pilot, Figurative Therapy Reading Clinics should be implemented throughout the elementary school system, particularly in Title I School Districts. In addition, such clinics should be expanded to treat not only the most severe cases of non-reading, but also, children with lesser degrees of reading problems. In treating these young-

sters, the clinics would utilize the curricula, general organization, materials, policies, procedures, schedules, and techniques developed by the original Pilot staff through diligence, study, and trial and error.

It is expected that the various clinic staffs would continue the experimentation and innovation begun by the original Pilot staff and thus, would further refine the above curricula, policies, techniques, etc. These refinements should increase the clinic's efficiency and thereby, decrease the length of treatment time as first established by the Pilot. This increased efficiency might also permit an increase in the number of pupils from 16-20 or 8-10 per therapist in the Pilot program, to 22-28+ or 11-14+ per resident therapist in each clinic.

In order to institute Figurative Therapy Reading Clinics throughout the elementary school system, a large number of new staff members would have to be recruited. Student therapists who worked under the resident figurative and reading therapists would be one source for recruitment. Another would result if the original Pilot staff were to train individuals with backgrounds required by the clinic. In addition, colleges and universitities could co-operate by expanding their course

offerings to include courses on the analysis of children's figurative works, psychoanalysis and the young child, and the relationship between a young child's emotional make-up and his behavorial/learning problems, etc. However, once the clinics received widespread recognition, perhaps the best solution would be for such colleges and universities to offer highly specialized degrees in Figurative Therapy. These degrees would emphasize the clinic's techniques and underlying theories as regards the young child as well as the above courses. Particular emphasis might be placed on the emotional disorders of youngsters of low, socio-economic backgrounds because a significantly higher " . . . percentage of people who are poverty cases have specific reading disorders." 115/ Individuals could elect to take this highly specialized degree rather than taking a degree in Art Therapy (which is not specifically directed at the young child) or taking a generalized background in psychology, psychoanalysis, etc.

A specialized degree in Reading Therapy should also be offered. Requirements for this degree would include not only the usual remedial reading techniques presently covered by degree programs, such as diagnosis and

remediation of the child's motor, perceptual and comprehensive skills, but also, in depth exposure to figurative analysis, psychoanalysis, the relationship between a child's figurative works and reading performance, and the relationship between a child's emotional makeup and reading performance, etc. In this regard particular attention should be devoted to children from deprived, socio-economic backgrounds.

7. Costs

Since the financial resources of school districts are limited, this paper would not be complete without some discussion of the costs of implementing a Figurative Therapy Reading Clinic in an elementary school. In this regard the author expects that the cost of the Pilot program will be substantially higher than that of each individual clinic when implemented throughout the elementary school system. The cost of the Pilot will be higher because its resident figurative therapist and resident reading therapist will bear the primary responsibility for developing and organizing the curricula, materials, policies, procedures, schedules, and techniques of the Pilot. To perform this function, it is desirable to employ two individuals who have substantial experience and who possess a highly skilled knowledge of their subject matter. Thus, the salaries of these expert individuals will necessarily be higher than those individuals who later occupy staff positions in Figurative Therapy Reading Clinics in which curricula, policies, techniques, etc. have largely been charted or defined.

The projected costs of the Pilot program are broken down as follows:

Staff Members	Annual Salary
Para-professional	- 0 -
Part-time administrator	$ 8,000
Resident figurative therapist	$13 - $16,000
Resident reading therapist	$12 - $14,000
Student figurative therapist	- 0 -
Student reading therapist	- 0 -
TOTAL	$33 - $38,000
Materials for 16-20 children	+ $200
Total projected annual cost	$33,200 - $38,200

No salary figure is included for the para-professional since his salary would be funded through Title I. 116/ Thus, the total annual cost per student of the Pilot would be $1983, assuming 18 117/ children and a total projected annual cost of $35,700. 118/

Once the success of the Pilot was demonstrated and Figurative Therapy Reading Clinics were instituted throughout the elementary school system, the cost per pupil would decline substantially for several reasons. First, in preparing for the Pilot, the part-time administrator is expected to expend much time and effort in organizing and selecting the Pilot staff and co-ordinating that staff in the development and implementation of curricula, policies, techniques, etc. See, Discussion, supra. pp. 23-25. However, with the successful performance of these tasks occurring probably upon the Pilot's completion, the administrator will not have to spendmuch time on such activities. Moreover, it is expected that he would transfer many of non-technical duties to the principal of the school in which the Pilot was located. See, Discussion, supra, p. 24. Therefore, his primary tasks would then consist of orienting new staff members and, ensuring that the Pilot clinic continued to function smoothly. However, even this latter function would, for the most part, be shifted to senior staff therapists since they would be the ones most experienced in the day-to-day workings of the clinic.

As a result, the part-time administrator should now have sufficient additional time to administer Figurative Therapy Reading Clinics in more than one and perhaps as many as ten elementary schools. As in the case of the Pilot clinic, he would shift many of his non-technical duties regarding these clinics to the principals of the schools in which these clinics were located. Thus, the cost of his $8,000 salary would be averaged over many more students than participated in the original Pilot clinic.

As previously discussed, a second reason why the clinic's cost per pupil will decline is that figurative and reading therapists who staff the clinics in the various elementary schools will be paid starting salaries substantially below the salaries paid to the original therapists in the Pilot. Ideally, the salary scale applying to these later figurative and reading therapists should approximate that paid to regular teachers in the New York City School System. Presently, that scale pays a starting salary of approximately $9,300, to a teacher with a B.A. and no experience and $11,300 to a teacher

with an M.A. and no experience. Impetus for a rough equivalence in starting salaries between the clinic therapists and regular city teachers would be provided by colleges and universities that offered degrees in figurative and reading therapy. See, Discussion, supra, p. 92.

As previously discussed, it is expected that increasing knowledge and refinements in the clinic's curricula, procedures, techniques, etc. will reduce the length of treatment time and permit an increase in the total number of students in each clinic to 22-28+, or 11-14+ per resident therapist. Thus, a third reason for a decline in the cost per student will be (1) a decrease in the length of treatment time and (2) an increase in the number of students handled by each therapist.

If the Figurative Therapy Reading Clinics were now instituted in an elementary school system with the aforementioned New York City pay scale, the approximate cost

per clinic is as follows:

Staff Member	Annual Salary	
Para-professional	- 0 -	119/
Part-time administrator	$1,600	120/
Resident figurative therapist	$10,000 - $12,000	121/
Resident reading therapist	$10,000 - $12,000	122/
Student figurative therapist	- 0 -	
Student reading therapist	- 0 -	
Total	$21,600 - $25,600	
Materials for 22-28 children	+ $250	
Total estimated annual cost	$21,850 - $25,850	123/

Thus, the total annual cost per student of a clinic in a single elementary school would be approximately $952 124/ assuming a median figure of 25 children in attendance. The author further projects that the $952 cost per pupil could rise to $1090. The latter figure reflects a 20 percent across the board increase in starting salaries that will probably occur from union contract negotiations over the years.

While the above figures might appear high, substantially more money per pupil is already being spent on the New York City Six Hundred Schools Program [hereinafter referred to as 600 Schools] 125/ The 600 Schools were organized to educate especially destructive and unruly youngsters 126/ Especially destructive and unruly behavior is also a common indicator of a severely retarded reader, as previously discussed. See, Discussion, supra, pp. 4-5.

For the purpose of correlating the disruptive and unruly behavior patterns of 600 School students with those student's reading levels, the author sought to obtain specific reading data on these students. Unfortunately, in a converstation with an administrator of the 600 Schools, the author was informed that no program-wide reading statistics were available because each individual 600 School was utilizing its own informal testing procedure. However, the administrator did state that it was "obvious" that 600 School students were "non-learning" and "underachieving" although there was little "hard data" he could transmit to prove it. (Emphasis added.)

Despite the absence of "hard data", it would appear from the administrator's comments and the relationship between destructive and unruly behavior and retarded readers that a substantial number of the 6000 pupils of the 600 Schools can be underachieving or severely retarded in reading. Moreover, despite a remarkable ratio of one teacher for every eight of these 6000 students, educators have attacked the 600 Schools for failing badly in its announced goal of educating its pupils. 127/ In fact, at least one informed educator remarked that

> . . . little if any teaching [is] . . . going on. Pupils [seem] . . . to be involved in busy work, chattering, listening to the radio, and playing games. 128/

In view of the lack of success achieved by the 600 Schools and the apparent large number of underachieving or severely retarded readers among its students, the author believes that the funds supporting the 600 Schools might be better spent in a program such as the Figurative Therapy Reading Clinic. As previously mentioned,

Figurative Therapy Reading Clinics are specifically designed to correct the root causes that underlie a child's severe reading disorders at an early age to prevent his disabilities from reaching proportions that require his removal from the normal student population and his assignment to the 600 Schools.

In addition to shifting funds from the 600 Schools to support Figurative Therapy Reading Clinics, funds should be available under the Federal Right-to-Read Program. That program is designed to eliminate functional illiteracy, 129/ thereby " . . . reducing the unemployment rate and cutting down crime . . . " 130/

In furthering this objective, the Right-to-Read Program provides money for the funding of special programs designed to treat and eliminate reading disabilities among children and adults. 131/ A state may apply for this funding only if it has a clearly defined program that is ready to be implemented. To apply for this funding, New York State on behalf of New York City must submit to the administrators of Right-to-Read "a letter of intent" requesting the funding and setting forth the details of the reading program that the City wishes to implement. 132/

Because the ultimate objective of the Figurative Therapy Program is to instill reading skills and to achieve reading fluency it would be eligible for such funding. Therefore, much and perhaps all of the funding for a city-wide Figurative Therapy Reading Clinic in the elementary schools could come from Federal rather tha local sources.

FOOTNOTES

1/ Smith, Carl B., Treating Difficulties: The Role of the Principal, Teacher, Specialist, Administrator, pp.1-7 (1972).

2/ Id. pg. 1

3/ DHEW, The Right to Read, Education Briefing Paper, p. 1 (October, 1972)

4/ DHEW, The Reading Crisis in America, Publication N6. (OE) 73-00100 (1973)

5/ Ibid.

6/ ERIC REPORT, # 059-555, Proceeding Highlights of a Special Study Institute, Improving Reading Programs for Emotionally Handicapped Children, pg.11 (May, 1971)

7/ Id., pg. 13

8/ ERIC REPORT, # 003-874, Ackerman, Paul, R., An Evaluation of Taxonomic Teaching as a Method for Improving Reading Skills of Emotionally Disturbed Socially Maladjusted Boys, pg. 16 Columbia University Research and Demonstration Center for Education of Handicapped Children (July, 1971).

9/ See note 1, supra, pp. 5,6,7 (1972).

10/ Id. pg. 5

11/ Id. pg. 94

12/ See note 6, supra, pg. 16

13/ Title I of the Elementary and Secondary Education Act of 1965, as amended, is a Federally financed program providing financial assistance to local educational agencies with concentrations of children

Footnote 13/ continued on page 2.

13/ continued.

from low income families in order to expand and improve such agencies educational programs by various means that contribute particularly to meeting the special educational needs of educationally deprived children. See, 20 U.S.C.A. § 241a (Supp. 1973).

14/ ERIC REPORTS, # 072-023, Fourth Regional Workshop Report, Volunteers in Education, pg. 2, Washington Technical Institute, Washington, D.C. -- Division of Research and Development.

15/ Zakrzewski, Cooper, Arline, Figurative Production in Relation to Therapeutic and Diagnostic Analysis p. VIII (Unpublished Thesis in the Queen College Paul Klapper Library) (May, 1973).

16/ Ibid.

17/ Id. pp. VI and VII

18/ Id, pg. VII

19/ Id, pp. VII and VIII

20/ Id, pg. VIII

21/ Id, pg. VII

22/ Ibid.

23/ ERIC REPORT, # 065,841 Harrison, Grant Von and Others, The Use of a Structured Tutorial Reading Program in Teaching Non-Reading Second Graders in Title I Schools to Read, p. 2 (April, 1972).

24/ Performance Based Teacher Education [PBTE] pg. 8 Multi-State Consortium on PBTE, (March, 1973); also see note 13, supra.

25/ ERIC REPORTS, #063,036, Mauser, August, Why Para-Professionals in Reading? pg 1, (May, 1972)

26/ G. Donahue & S. Wechtern, Teaching the Troubled Child, pg. 193, The Free Press Publishing Co., N.Y. (1965).

27/ See note 15, supra, p. 24

28/ Freud, Sigmund, An Introduction to Psychoanalysis pp. 260-262, Garden City Publishing Co., Garden City, N.Y. (1943)

29/ See note 15, pg. 20

30/ Id. pp. 22 and 23

31/ McKenzie, Norman, Dreams and Dreaming, pg. 307 N.Y. Vanguard (1965)

32/ See note 15, supra, pp. 22-23

33/ Id. pg. 4.

34/ Id. pg 28

35/ Id. pg 37

36/ Id. pg. 36

37/ Ibid

38/ Ibid

39/ Id. pg. 37

40/ Id. pg. 32

41/ Id. pg. 37

42/ Seeman, "Child Therapy in Education," in Some Current Trends in Educating Emotionally Disturbed Children, pg. 87 (H. Dupont 1969).

43/ See note 15, supra, pg. 38

44/ See text infra at notes 73 & 74

45/ See text infra at note 75.

46/ See note 9, supra, pg. 38

47/ Id. pg. 101

48/ M. Wolf & J. Wolf, Remedial Reading Teaching and Treatment, pg. 70, McGraw Hill Book Company, N.Y. Toronto, London, (1957).

49/ See note 15, supra, pg. 41

50/ See text infra, notes 73 and 74.

51/ See text infra, at note 75

52/ Harring, Norris Dr.,"Teaching Reading to Mentally Retarded Children" in Classroom Procedures with Emotionally Disturbed Children, pg. 93 [Anderson L.]

53/ See note 48, supra

54/ Goodman, Jean, "Discovery" , 72 School Arts pp. 22--23, (September 1972).

55/ See note, 31, supra

56/ Art Counselling, XLVIII, Personnel and Guidance Journal, (October 1969-1970) pp.119-126

57/ Ibid.

58/ ERIC REPORTS, # 056-724, Locke, Jill, L., Children's Book Color Preferences as Related to their Favorite Color, pg 17, Research Project submitted to the Graduate Dept. of Library of Information Sciences, Brigham Young, University, Provo, Utah, (May 17, 1971).

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60/ Ibid.

61/ See note 54, supra, pp. 23 and 23

62/ Foster, Michael, "I wish, I wish", 72 School Arts, pg. 42 (Sept., 1972).

63/ See, note 15, supra. pg.10

64/ Ibid

65/ Ibid

66/ Ibid

67/ Ibid

68/ Ibid

69/ Ibid

70/ Ibid

71/ Ibid

72/ Ibid

73/ ERIC REPORTS, # 069-955, Coplin, William, Comp: Cohenfary, Comp., A Handbook for the University--Community Discussion on Urban Problems. A Model for Urban Study Programs Involving College Students and Community Adults, pg. 6 Syracuse University, NY. Continuing Ed. Center for the Public Service, Syracuse, N.Y.(1972)

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86/ ERIC REPORTS, # 055-736, Cage, Bob, N, Words in Color-A-One-Year-Program? pg. 1 (1971).

87/ Id. pp. 1 and 2

88/ ERIC REPORTS, #066-847, Zakio, Richard, D., Finger Spelling and Speech Reading As a Visual Sequential Process, pg. 10 Rochester Institute of Technology, N.Y. (April, 1972).

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90/ ERIC REPORTS, # 064-707, Bentler, Rosetta, Teaching Mental Pictures: A Proposal Aimed at Making Reading More Fun, pg. 1 (1971).

91/ Ibid, pg. 4

92/ Ibid, pp. 4 and 5

93/ Ibid pp. 5 and 6

94/ ERIC REPORTS, # 058-108, Older Effin, Recall and Printed-Word Recognition of Recently Taught Emotionally Charged Words as Compared to Recently Taught Neutral Words, pg. 1 (1971).

95/ Ibid, pg. 5

96/ Ibid, pp. 6 and 7

97/ Kephart, Newell C., The Slow Learner in the Classroom, pp. X, XI, Charles E. Merril, Book Inc., Columbus, Ohio, (1967).

98/ See note 9, supra, pg. 103

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101/ Ibid

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103/ Ibid

104/ Ibid

105/ Ibid

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107/ Ibid, pg. 43

108/ Ibid, pg. 44

109/ Ibid

110/ Ibid

111/ Ibid

112/ Id. pg. 43

113/ Ibid

114/ Id. pg. 44

115/ See note 84, supra, pg. 2.

116/ See notes 13 and 24, supra.

117/ This figure is the medium number of children who would participate in the Pilot project.

118/ This figure is the median total projected annual cost of the Pilot.

119/ See footnotes 13 and 24, supra.

120/ Assumes an $8000 salary for administering five clinics.

121/ Ten thousand represents the approximate annual starting salary for a therapist with a B.A. and some clinical and/or related experience. The twelve thousand dollor figure repreeents the approximate annual starting salary for a therapist with an M.A. and some clinical or related experience.

122/ Id.

123/ The total estimated annual cost does not reflect either the costs of maintaining the physical plant in which the clinic is conducted or the cost savings from reductions in treatment time.

124/ This figure is a median figure computed by comparing the cost per pupil if the total annual cost were $21,850, and $25,850, respectively.

125/ The author was unable to obtain accurate information from 600 School administrators on exactly how much money was being spent on the 600 Schools. However, the pupil teacher ratio there is a remarkable 8 to 1. Even if only teachers with a B.A. and no experience taught in the 600 Schools, which is highly unlikely, and therefore, were paid $9300, the annual cost per pupil would be about $1162.

126/ See note 8, supra, pp. 1,3, and 18.

127/ See note 8, supra, pp. 1,3 and 18.

128/ Id, pg. 3

129/ Functional illiteracy is the inability to read the kinds of simple materials -- job application forms, drivers, license examinations -- which make it possible for a person to take advantage of the opportunities American society has to offer.

130/ U.S. Dept. of Education, Education Briefing Paper-- The Right to Read, pp. 2-2 (October, 1972).

131/ Id. pg. 3

132/ Id., pp.1, 3 and 4.